

2016 Fall Slow Pitch Softball Team Registration Form



Team Name:						
Manager's Name:			Email:			
Address:		c	ity/State/Zip:			
Home Phone:	Work Phone:			Cell Phone:		
Assistant Manager's N	ame:	E	mail:			
Address:		c	ity/State/Zip:			
Home Phone:Work Phone:		hone:		Cell Phone:		
* Please indicate your	first and second choice for le	eague play.				
<u>League Type</u>	Season Length	<u>Night</u>	Choice #	Games Begin	<u>Team Fee</u>	
Coed	8 Game Guarantee	Monday		August 15	\$330	
Coed	8 Game Guarantee	Tuesday		August 16	\$330	
Coed	8 Game Guarantee	Wednesday		August 17	\$330	
Coed	8 Game Guarantee	Thursday		August 18	\$330	
Coed	8 Game Guarantee	Friday		August 19	\$330	
Men's	8 Game Guarantee	Monday		August 15	\$330	
Men's	8 Game Guarantee	Tuesday		August 16	\$330	
Men's	8 Game Guarantee	Wednesday		August 17	\$330	
Men's	8 Game Guarantee	Thursday		August 18	\$330	

Important Dates

Registration Begins: May 2
Registration Deadline: July 14*
* Leagues may fill prior to deadline.

Please Note:

- Scheduled start times will range from 6:15 to 9:15 pm.
- Regular season schedule may include an occasional double-header or bye.
- If the number of registered teams allows it, each league will be divided into an upper and lower division. Placement will be based on the previous seasons' records (**not team request**).

Please indicate if this is	a Returning or New Team to Wyoming:	Returning New Team					
*If returning,	1) Team name last year:						
	2) Manager's name last year:						
If not a Returning team, but your team played in another league last year:							
	1) League played in:						
	2) Night played on:						
	3) Team name:						
	4) Record:						
How long has your team played together?							
Average age of players on your team:							
Please rate your team's	ability in each category according to the fo	llowing:					
1) Very Good 3) Average 5) Weak 2) Good 4) Below Average							
Hitting Pitching Infielder's Defense Outfielder's Defense Power Speed Pitcher's Defense							
Mail/Walk In: Mail o	r drop off registration form & fee to,	PAYMENT (Cash, Check, or Credit/Debit Card)					
Wyoming Parks & Recreation Department 1155 - 28th Street SW Wyoming, MI 49509		NOTE: No refunds given unless the league has been cancelled.					
· · · · · · · · · · · · · · · · · · ·	egistration form with credit card iration date to 616-249-3400.	Credit/Debit Card Information: Visa & MasterCard accepted					
Email: Email completed form with credit card number and expiration date to parks_info@wyomingmi.gov.		Credit/Debit Card #:					
For more information, please call 616-530-3164.		Name on Card:					
www.wyomingmi.gov	<u>'</u>						